FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention

FOCAL SPOT SENSING DEVICE AND METHOD IN AN IMAGING SYSTEM

Application Number:

Date:

First Named Applicant: Bing Shen
Attorney Docket Number: 139805

TOTAL FEE AUTHORIZED \$ 1076

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

BASIC FILING FEE

| Fee Description | Fee Code | Amount \$ | Fee Paid \$ | | | | |
|--|----------|-----------|-------------|--|--|--|--|
| Utility Filing Fee | 1001 | 770 | 770 | | | | |
| Subtotal For Basic Filing Fees: \$ 770 | | | | | | | |

EXTRA CLAIM FEES

| Fee Description | Extra Claim | Fee Code | Amount \$ | Fee Paid \$ |
|-----------------------|-------------|----------|--------------------|---------------------|
| Total Claims: 30 | 10 | 1202 | 18 | 180 |
| Independent Claims: 4 | 1 | 1201 | 86 | 86 |
| | | | Subtotal For Extra | Claims Fees: \$ 266 |

ASSIGNMENT FEES

| Fee Description | Property Number | Quantity | Fee Code | Amount \$ | Fee Paid \$ | | |
|------------------------------------|-----------------|----------|----------|-----------|-------------|--|--|
| Recording Each Patent | 00000000 | 1 | 8021 | 40 | 40 | | |
| Assignment Per Property Fee | | | | | | | |
| Subtotal For Additional Fees: \$40 | | | | | | | |

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 070845

Deposit name: GE Medical Systems Global Technology Company,

LLC

Deposit authorized name: Lisa A. Bongiovi

Signature: lab

Date (YYYYMMDD): 2003-12-12

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.